U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Name and address of person filing.	4. Name, file number,	and address of labor or	rganization.	
Name DAVA V STOWART	Name Allied E	Pilots Associat:	ion	
_	Labor Organization	File Number 059-8	49	
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5. Position in labor organization.		**************************************		(Address West and London
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Enter appropriate data below if, during the past fiscal year, you or your spou	ise or minor child direc	thy or indirectly had any	of the following is	nterests
(except as specified in the exclusion of the exclusion)			or the following in	11616313
A. Held an interest in, engaged in transactions (including loans) with, or omenetary value from an employer whose employees your organization.				
monetary value from an employer whose employees your organization	on represents or is a	cuvery seeking to rep	TOSCIR.	
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Name of Person Filing	FI	ile Number U-	119	
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or individualing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	n		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing			
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Street	11.b. Approximate dollar value	of such dealing.	Contraction of the Asia State Columnia State Columnia Col	g-derit day
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13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.			

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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A apayment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any				
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